

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-026768

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 1873

FILED JUL 1 1963

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) Clayton		c. CITY OR TOWN Webster Groves	
c. FULL NAME OF (If NOT in hospital, give location) St. Louis County Hospital		d. STREET ADDRESS (If outside, give location) 308 Tuxedo Blvd.	
3. NAME OF DECEASED (Type or print) DONALD RAY SCHULZ		4. DATE OF DEATH Month June Day 8 Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6/17/16
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student		11. BIRTHPLACE (City and state or country) St. Louis, Mo.	
13a. FATHER'S NAME Alvin Schulz		13b. MOTHER'S MAIDEN NAME Beulah Cadwallader	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		17. INFORMANT Effie Cadwallader, 308 Tuxedo, Webster Groves	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Drowning		INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b)	
		DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Drowned in River	
20c. TIME OF INJURY Hour 5:15 p.m. 6/8/63		20f. CITY, TOWN, OR LOCATION Kirkwood St. Louis Missouri	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Meramec River		20f. CITY, TOWN, OR LOCATION Kirkwood St. Louis Missouri	
21. I attended the deceased from _____, to _____, and last saw her alive on _____ Death occurred at Body recovered at 8:25 P on the date stated above, and to the best of my knowledge, from the causes stated.		22c. DATE SIGNED 6/14/63	
22a. SIGNATURE (Degree or title) Raymond H. Harts Coroner		22b. ADDRESS Clayton, Missouri	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6/12/63	23d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
24. FUNERAL DIRECTOR Bopp Chapel, Kirkwood, Mo.		25. DATE RECD. BY LOCAL REG. 6-11-63	
		26. REGISTRAR'S SIGNATURE John B. Murphy M.D.	

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBONVS 300
Rev. 4/59

1 4002

2 4007

3

4 0

5 0

6

7 0

8 2

9 7298

10 42

11 400

12 92-3

13

10-250-820

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Thomas J. [Signature]

Licensed Embalmer No.

4512

P. O. Address

[Signature]

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.